AMERICAN NURSES ASSOCIATION MICHIGAN

POSITION STATEMENT
PREVENTING WORKPLACE VIOLENCE IN HEALTHCARE SETTINGS

Background

The ANA Nurses Bill of Rights maintains that nurses have the right to a work environment that is safe for themselves and for their patients regardless of the setting of care.

According to reports from National Institute for Occupational Safety and Health (NIOSH), individuals who are injured and who miss work as a result of violence in healthcare settings is increasing (U.S. Department of Labor [DOL], Bureau of Labor Statistics, 2014).

Violence in healthcare facilities is complex and multiple factors may contribute to the problem. Nurses and other caregivers have a personal and professional duty to "do no harm" to patients. Many will put their own safety at risk to help a patient and some consider violence "part of the job." Many excuse attacks as being unintentional and due to an individual's illness or impairment.

In addition to physical harm, individuals who experience or witness violence in the healthcare workplace are at risk for emotional consequences that can lead to time away from work, burnout, job dissatisfaction, and decreased productivity. These and other consequences compromise both worker and patient safety.

As of June, 2019, 36 states have established or increased legal penalties for the assault of nurses and other healthcare providers and nine states require healthcare organizations to run workplace violence programs (ANA, 2019). As of this writing, Michigan has NEITHER specific legal penalties nor workplace violence program requirements for healthcare organizations.

Definition of Workplace Violence

NIOSH defines workplace violence as physically and psychologically damaging actions that occur in the workplace or while on duty. (NIOSH, 2002). This can include verbal violence – threats, verbal abuse, hostility, harassment which can cause psychological trauma and stress even though there is no physical injury (OSHA, 2015)

NIOSH describes four basic types of workplace violence:

Type 1 – Involves "criminal intent" In this type of violent encounter, individuals with criminal intent have no relationship to the business or employees.

Type II: Involves a customer, client, or patient. In this type "individual has a relationship with the business and becomes violent when receiving services."

Type III: Involves a "worker on worker" relationship and includes employees who attack or threaten another employee.

Type IV: Violence involves personal relationships and includes "individuals who have interpersonal relationships with the intended target but no relationship to the business"

Types II and III are the most common types in health care settings.

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Evidence

According to The Occupational Safety and Health Administration (OSHA), healthcare workers, including nurses, are at 4x higher risk of experiencing workplace violence than those who work in other industries. Registered nurses experienced 14 violent injuries resulting in days away from work per 10,000 full time employees compared with a rate of 4.2 per 10,000 in private industry as a whole. Psychiatric aides are at highest risk (590 per 10,000) followed by nursing assistants (55 per 10,000). (U.S. Department of Labor [DOL], Bureau of Labor Statistics, 2014). The statistics underpinning this statement are drawn solely from reported incidents and OSHA notes that many incidents that could be included are NOT reported for a variety of reasons. Part of the problem is that because violent incidents are so common, they have become normative and among victims, only 30% of nurses and 26% of physicians actually reported the incidences (OSHA, 2015).

Core Components

ANA-MI concurs with ANA regarding interventions and supports the following:

Primary prevention strategies that include development of workplace violence prevention programs, development of relevant policies, and education programs specifically designed for nurses and frontline caregivers. Students should also learn about the issue in nursing education programs. Employers and educational institutions must support work environments that are safe and align with OSHA's "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers" (OSHA, 2015; Lipscomb & London, 2015.)

Secondary prevention strategies that include interventions designed to reduce and/or minimize the negative impact of workplace violence. Reporting incidences of violence is paramount so that accurate data can be gathered and analyzed.

Tertiary prevention strategies that are designed to reduce the consequences of workplace violence and may include incident debriefing, counseling programs, root cause analysis and confidentiality assurances. Legislative and legal strategies that protect all healthcare providers should be considered and supported.

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Approved: November 8, 2019
by the ANA-Michigan Board of Directors

To be reviewed: November 8, 2021

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